

2014

in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>141</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>1037</u>
Town of <u>Hayden</u>			Local Registrar No. <u>60</u>
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Baby Murray</u>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
7. Date of birth <u>Dec. 5 1924</u>		Month <u>Dec.</u> Day <u>5</u> Year <u>1924</u>	
8. FATHER		14. MOTHER	
Full name <u>Antonio M. Murray</u>		Full maiden name <u>Romula G. Murray</u>	
9. Residence (Usual place of abode) <u>Hayden</u>		15. Residence (Usual place of abode) <u>Hayden</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>35</u> (Years)	
12. Birthplace (city or place) <u>Santa Ana</u>		18. Birthplace (city or place) <u>Terrenate</u>	
(State or country) <u>San Mex.</u>		(State or country) <u>San Mex.</u>	
13. Occupation <u>assay office helper.</u>		19. Occupation <u>none.</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>5</u>		(b) Born alive but now dead <u>3</u>	
(c) Stillborn <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>still born</u> at <u>11:30 a.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Amelia Herrera</u>	
Given name added from a supplemental report <u>Dec. 5 1924</u>		Address <u>Hayden, Ariz.</u>	
Month, day, year.		(Physician or midwife)	
Registrar.		Filed <u>Dec 9th 1924</u>	
		Filed <u>1-12 1925</u>	
		County Registrar.	

049-1205-976